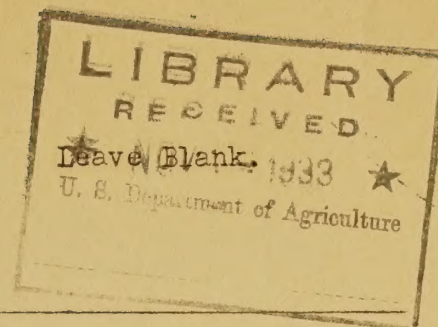


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CLASSIFICATION QUESTIONNAIRE

1. Name of Employee: \_\_\_\_\_
2. Where located in A.A.A. \_\_\_\_\_, \_\_\_\_\_  
Division Section
3. Title of Position: \_\_\_\_\_, Salary \$ \_\_\_\_\_
4. Education: Elementary (\_\_\_\_yrs.): High School (\_\_\_\_yrs.) College (\_\_\_\_yrs.).
5. Colleges attended, and degrees received:
6. Special Qualifications and experience:
7. Are you required to establish policies and/or procedures?
8. Does your work require you to address meetings and make talks expressing policies of the Administration?
9. Description of Duties: Describe the work that you do. Use a separate paragraph for each kind of work. Take the most important kind first, that is, the kind that takes up most of your time. Explain it fully. Then take up the next most important, and so on, putting the special or occasional duties last. Be sure to make your description definite enough and in enough detail to give a clear picture of the work. In the column at the left give your best estimate of the fraction or percent of your total working time that is taken up by each kind of work described.





9. Description of duties - cont'd.  
(use separate sheet if necessary)

10. Name and Title of immediate superior: (Person directly in charge of your work).
11. Supervision Exercised Over your Work: Describe the kind and extent of supervision you receive in the performance of your work, that is, whether you work under close supervision, or more or less independently with only general direction, or something between the two. Be specific.
12. Supervision over Others: If no employees are supervised, write "none." If more than 6, group them by classification grades or salaries, indicating how many of each grade, and not the names. In either case describe the nature of the supervision in a manner similar to that explained under the next preceding question.

<u>How Many</u>	<u>Class. Grades</u>	<u>Names</u>	<u>Nature of Supervision</u>
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13. State reasons (if any) why your Position Requires you to Possess Certain Knowledge Peculiar to your Work:

14. If you know anyone else in the Agricultural Adjustment Administration who performs duties comparable (or similar) to yours, give their names:

15. I certify that the entries to the foregoing questions are my own answers, and to the best of my knowledge and belief are correct and complete.

Date: \_\_\_\_\_

Signature  
of Employee: \_\_\_\_\_



To Be Filled Out By Immediate Superior of Employee:

16. Statements in correction or amplification of answers by employee:

17. I certify that, to the best of my knowledge and belief, the entries by the employee and myself hereon are true and complete answers to the questions, except as indicated under Question 16.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Immediate Superior.

\_\_\_\_\_  
Title of Immediate Superior.

To Be Filled Out By Chief of Division

18. Statements in correction or amplification of questions by employee or his immediate superior.
19. Further comments on the work or qualifications necessary to perform the duties of the position.

20. I certify that, to the best of my knowledge and belief, the entries by the employee and his immediate superior hereon, are true and complete answers to the questions, except as indicated in answer to Question 18.

Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Division